PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduction	on Act of 1995	no persons are requ	ired to r	espond to a collection	n of informatio	n unless it displays	a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Nun	nber 10	10/578,019		
FEE TRANSMITTAL				Filing Date	Ma	y 4, 2006		
For FY 2008				First Named Inv	entor Tin	no Hauck		
Applicant claims small entity status. See 37 CFR 1,27				Examiner Name	∍ Pu	nam Patel		
				Art Unit	28	2855		
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00				Attorney Docker	t No. 11:	55.1000		
METHOD OF PAYMEN	Γ (check al	that apply)						
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-3227 Deposit Account Name: The Culbertson Group, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s)								
VARNING: Information on this form may become public. Credit card Informetion should not be included on this form. Provide credit card								
nformation and authorization	on PTO-2038	L.						
FEE CALCULATION								
I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissuc	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEE Fee Description Each claim over 20 (Each independent cla Multiple dependent cla Multiple dependent cla Total Claims FIP = highest number of total Indep. Claims - 3 or HP = HP = highest number of total Indep. Claims A PPLICATION SIZE If the specification and listings under 37 Cl sheets or fraction the Total Sheets	ncluding R im over 3 (laims Extra Clair claims paid fo Extra Clair pendent claim FEE drawings o FR 1.52(e)	rincluding Reissums Fee (\$) x or, if greater than 20. x x s paid for, if greater th exceed 100 sheet b, the application 35 U.S.C. 41(a)	Fee Fee an 3. s of pae size fe	ec due is \$260 (\$	130 for sm	Fee (\$) 50 210 370 Multiple Dep Fee (\$)	each additional 50	
- 100 =		/50 =		_ (round up to a	whole number	er) x		
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Issue Fee an Publication Fee 1,020.00								
JBMITTED BY								
BMITTED BY Registration No. 32,124 Telephone 512.327.89							°512.327.8932	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the Institute control mornisms in required by 3 C/F 1, 1.0c. the immornism is required to 2 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required to 2 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required to 2 C/F 1.0c. This control is required upon the 1 C/F 1.0c. This control is required

Signature

Name (Print/Type) Russell D. Culbertson